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EXPRESS MAIL CERTIFICATE

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Date of Deposit: November 13, 2006

Type of Document(s): Transmittal Form (PTO/SB/21)
Response to Office Action – Restriction/Election Requirement
(08 pages)
Postcard Filing Receipt

Application No.: 10/761,585

Filing Date: January 21, 2004

Applicant(s): Stuart T. SMITH et al.

Title: POSITIONING DEVICE EMPLOYING A PLATFORM,
LEVERING MECHANISM AND FLOATING
ACTUATOR DEVICE

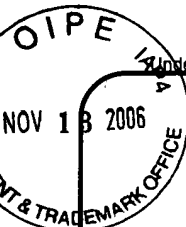
Examiner: Jermie E. Cozart

Art Unit: 3726

Attorney Docket No.: 4293

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Barbara C. Brown
Barbara C. Brown
North Carolina State Bar/Certified Paralegal



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

10

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First Named Inventor

Stuart T. SMITH et al.

Art Unit

3726

Examiner Name

Jermie E. Cozart

Attorney Docket Number

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ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (8 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CLEMENTS / WALKER		
Signature			
Printed name	Christopher L. Bernard		
Date	November 13, 2006	Reg. No.	48,234

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Barbara C. Brown	Date	11-13-2006

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450 USA

RESPONSE TO OFFICE ACTION - RESTRICTION/ELECTION
REQUIREMENT

Dear Sir/Madam:

In response to the Office Action mailed October 11, 2006, subjecting pending Claims 1-35 to a restriction and/or election requirement, Applicants respectfully request that the following election be entered and remarks be considered.